PTO/SB/50 (06-03) Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT A	PPLICATION	ON TRANSM	IITTAL				
	Attorney Docket No.		YAMAP0398USD				
Address to:	First Named Inventor		Miyamoto et al.				
Mail Stop Reissue	Original Patent Number		6,263,939 B1				
Commissioner for Patents P.O. Box 1450	Original Patent Issue Date (Month/Day/Year)		07/24/01				
Alexandria, VA 22313-1450	Express Mai	l Label No.	ER05490	06053US			
APPLICATION FOR REISSUE OF: (Check applicable box) Utility Pa	Design Pater	nt _	Plant Patent				
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS						
Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing, Applicant claims small entity status. See 37 CFR 1.27. Specification and Claims in double column copy of pat		10. ✓ change 11. ☐ Origina	s to the claim Patent Gran	and support for all is. See 37 CFR 1.173(it ginal Patent Grant	s. P1 916		
(amended, if appropriate)					17513 U. 10/712		
 Drawing(s) (proposed amendments, if appropriate) Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52) 		12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)					
6. Power of Attorney			tion Disclosure ent (IDS)/PTO		ID <u>.</u> S		
7.	English Translation of Reissue Oath/Declaration 14. (if applicable)						
Written Consent of all Assignees (PTO/SB/53)	15. Preliminary Amendment						
37 C.F.R. 3.73(b) Statement (PTO/SB/96)		16. Return F	Receipt Postc	eard (MPEP 503) ly itemized)	٠.		
CD-ROM or CD-R in duplicate, Computer Program (Ap or large table	17. Other: Certificate Express Mail						
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) ———————————————————————————————————					_		
a. Computer Readable Form (CFR) b. Specification Sequence Listing on: i CD-ROM (2 copies) or CD-R (2 copies); or ii paper							
c. Statements verifying identity of above copies							
18. CORRES	PONDENCE	ADDRESS	···				
Customer Number.		OR	Corresponde	ence address below			
Name Neil A. DuChez							
Address Renner, Otto, Boisselle & Skla: 1621 Euclid Avenue, Nineteenth	r, LLP	 					
City Cleveland	Stat	te OH	Zip Code	44115			
	phone 216-	-621-1113	Fax	216-621-6165			
Name (Print/Type) Neil An DuChet Signature	Reg	gistration No. (Atto	mey/Agent)	26,725 V(x) 13.10	<u></u>		

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM							1	Docket Number (Optional) YAMAP0398USD					
					Claims as File	ed – I	Part 1						
	(1)	Γ.	(2)		(3) Small Entity				Other than a Small Entity				
	Claims in Patent	F	nber Filed in Reissue pplication		Number Extra	a 	Rate		Fee			Rate	Fee
Total Claims (37 CFR 1.16(j)) Independent claims	(A) 9		7	***	0 _{= x}		×\$	=				x \$=	0
(37 CFR 1.16(i))		(D)	7	*	T			-	 		or	×\$ <u>86</u> =	344.00
					<u> </u>	(37 CFR 1.16())	\$ <u>77</u>	<u> 10</u>	-		\$770.00
					Total Filing F	Fee			\$		<u></u>	OR	\$1,114.0
				Cla	aims as Amen	nded		:					
	(1)	-!alaa		Uiah	(2)	Γ,	(3) Extro		Small E	Entity	\Box	Other than a	Small Entity
	Claims Rem After Amend			Pr	est Number reviously Paid For	c	Extra Claims resent	Rate		Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	***		MINUS	**		* =	-	x \$ _	=			x \$ =	=
Independent Claims (37 CFR 1.16(i))	***		MINUS	****		=		x\$_	=			x\$=	=
		_				To	otal Addi	itional F	Fee	\$	_	OR	\$
Please charge A duplicate co The Director is credit any over A duplicate co A duplicate co Payment by c	ellation of claim or than 20, use of the of Independent of Independent or small entity the Deposit According to this sheet or shereby authoropy of this sheet or payment to Deposit sheet	ns. (B – A); indent Clar status. Securit Num et is enclor orized to deposit Ad et is enclor mm PTO-2	if "A" is 20 o aims Previou See 37 CFR ober cosed. charge any ccount Num osed. 1,11 2038 is attac	additionaber	use (B – 20). id For" or Nur al fees unde	mber 37 (in the CFR 1.1	ependen ne amou 16 or 1,*	unt of 17 which	ch may	be requestion	quired, or osed.	
	er 13, 20								The				
26,725	Date							Signa	ture of	Applica	ınt, Att	torney or Agent	of Record
	Number, if app	olicable	_				-			l A. Typed		Chez inted name	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that the attached patent application (along with any other paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on this date, in an envelope as "Express Mail
Post Office to Addressee" Mailing Label Number <u>ER054906053US</u> addressed to:
Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.
Janet Farr
Typed or Printed Name of Person Mailing Paper
(Signature of Person Mailing Paper)